5. With regard to differentiation within these groups one should consider that pain on pressure over the kidneys is greater and more commonly present in renal infarct than in chronic nephritis.

High pulse tension speaks against infarct.

Onset of the attack of colic during rest in bed is common in infarct. A relation between the attack of colic and mechanical insults often occurs in cases of torsion of the vascular pedicle and in acute exacerbations of chronic nephritis.

An apoplectic onset of the pain at full intensity is especially common in infarct.

Marked hæmaturia is common in the acute exacerbations of chronic nephritis, but rare in infarct.

Intense albuminuria of sudden onset and rapid disappearance, without abnormal sediment, occurs in infarct.

6. Enteroptosis is an unfavorable complication from a prognostic standpoint in renal infarct; it favors the onset of reflex vomiting.

7. Decubitus on the healthy side or in bilateral lesions on the less diseased side causes an increase of pain in painful renal infarction.

8. In total closure of the renal artery there may be no abnormal appearances in the urine (complete shutting off of the kidney).

9. Oliguria or even anuria occurs, especially in bilateral renal infarcts; vesical tenesmus is not present.

On the Albuminoid Metabolism in Pernicious Anæmia and Bothriocephalus Anæmia.—ROSENQVIST (*Berl. klin. Wochenschrift*, 1901, xxxviii., 666) states that after the investigations of Bauer it was generally believed that in all anæmias there was an increased disintegration of albumin, but von Noorden and Lipman-Wulff showed that anæmia as such was not necessarily associated with pathological increase in the albuminoid metabolism; that if such occurred in an anæmic patient it spoke for the existence of other deleterious influences. In pernicious anæmia, however, Strümpell, Quincke, and Eichhorst have shown that an increased disintegration of albumin may occur, though most of the observations have scarcely been made with the exactness attained by modern methods. For this reason the author has studied eighteen cases of bothriocephalus anæmia and three of cryptogenetic pernicious anæmia in the clinic of Runeberg, in Helsingfors. In eleven out of fifteen cases of bothriocephalus anæmia, before the institution of anthelmintic treatment, there was a well-marked increase in the albuminoid metabolism. This was present not only in the cases with fever, but also in those without. Immediately after treatment and the disappearance of the worm the picture changed entirely, and there was, on the other hand, a well-marked nitrogenous retention. This was observed in all cases, even in those in which the diet and general conditions after the disappearance of the worm were not the best. In some cases there may be a retention of nitrogen even during the presence of the worm. The fact, however, that in all cases after the disappearance of the worm there was a well-marked increase in the albuminoid retention justifies the conclusion that in every case of bothriocephalus anæmia there are periods of pathologically increased albuminoid disintegration. This albuminoid disintegration is far too extensive to be dependent entirely upon the destruction of red blood-corpuscles; it must be associated with changes in the other nitrogenous tissues of the body. The deleterious substance which produces these changes the author believes to be a poison produced by the parasite. As a general rule, the changes in the albuminoid metabolism go hand-in-hand with fluctuations in number of red blood-corpuscles, but exceptions to this rule occur. In seven cases in which the number of erythrocytes before the treatment was essentially constant there was a well-marked elevation in the albuminoid disintegration. We are thus, he believes, not justified in concluding, from a pause in the progress of the anæmia, that the poison is no longer active. In a certain number of cases the change for the better after treatment does not occur until some days after the expulsion of the worm. In five instances six to eleven days elapsed before essential change was to be noticed. This he believes to be due to the fact that the poison has not yet been eliminated. As a general rule, in these instances the elevation of temperature which commonly disappeared after expulsion of the worm remains present until the evidence of the presence of the poison, the increased albuminoid disintegration, and the anæmia begin to change for the better. In bothriocephalus anæmia the elevation of temperature stands apparently in direct relation with the poison produced by the worm; it may be regarded as a fever of absorption. In a certain number of cases Rosenqvist has found that, after expulsion of the worm, during the period in which the most marked increase in the number of blood-corpuscles begins, at a time of almost total nitrogenous retention, the quantities of phosphorus purin increased, and might even reach three times the previous figures despite the fact that the patient was on a purin-free diet. Whether this has anything to do with the increased destruction of nuclei of the erythrocytes is a question which cannot yet be decided.

In cryptogenetic pernicious anæmia the observations were essentially similar to those in bothriocephalus anæmia. Periods of marked increase of albuminoid disintegration alternated sometimes with those of distinct nitrogenous retention. These conditions varied from day to day; here, also, there was a certain parallelism between the changes in the nitrogen metabolism and those in the condition of the blood; also the elevations of temperature occurred only during the periods of pathological albuminoid disintegration.

He concludes "that bothriocephalus anæmia is a toxic anæmia. In every case of this blood disease there is, at certain periods, an increased albumin disintegration which is brought about by a poison produced by the tapeworm. This increased albuminoid metabolism is, however, not always to be made out in a given case, for despite the presence of the tapeworm there may be periods of well-marked nitrogenous retention.

"A comparison between the results found in bothriocephalus anæmia and those in pernicious anæmia from other cause shows that there is no essential difference between the albuminoid metabolism in the two diseases.

"My investigations, therefore, are strongly in support of the theory that cryptogenetic pernicious anæmia is also a toxic anæmia."

Puncture of the Sacral Canal by the Epidural Method.—CATHELIN (*La Presse Médicale*, June 15, 1901, p. 281) describes a new line of treatment for the relief of the intense pain of various diseases by the injection of cocaine